

CITY OF CHULA VISTA
DEPARTMENT OF PUBLIC WORKS
Engineering Division
276 Fourth Avenue
Chula Vista, California 91910

TO: Construction Inspection and Survey Section

FROM:

Civil Engineer's or Land Surveyor's Name

Date

Firm Name

Firm Address

City

State

ZIP Code

REQUEST FOR FIELD MONUMENT CHECK

Subdivision Name _____ Map No. _____ ready for:

☐

Partial Check – Area Outlined on Attached Prints

☐

Final Partial Check – Area Outlined on Attached Prints

☐

Complete Check

☐

Recheck – Attached Letter Describes Corrective Action Taken

☐

It will not be necessary for our surveyors to accompany City personnel on the check.

☐

We request a joint field check. _____ will meet City survey
personnel at the site. Name and Telephone Number

The City Construction Inspection and Survey Section Supervisor will schedule the date to accomplish the requested work.

Enclosed are two (2) blue-line prints of the Final Map (plus Certificate of Correction, if necessary) for checking purposes.

Should the Construction Inspection and Survey Section be unable to keep the scheduled appointment, please contact _____ at _____ on the day prior to the scheduled check to arrange for a new date.

Civil Engineer's or Land Surveyor's Signature

Title and Telephone Number

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